

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011346  
STATE FILE NUMBER  
2 3067

FILED APR 10 1959

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis

Inside Limits  
Yes ☒ No ☐

c. CITY  
OR  
TOWN St. Louis

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Bethesda Hospital

Length of stay in lb  
10 days

d. STREET ADDRESS (If outside, give location)  
2121 Arsenal Street

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
BEATRICE EMILINE RUSSELL

4. DATE OF DEATH Month Day Year  
March 25, 1959

5. SEX  
Female

6. COLOR OR RACE  
White

7. MARRIED ☒ NEVER MARRIED ☐  
WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH  
March 31, 1886

9. AGE (In years, last birthday) 72  
IF UNDER 1 YEAR Months Days Hours Min.  
IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
At Home

11. BIRTHPLACE (City and state or country)  
Marissa, Illinois

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME

Frederick Bergadine

13b. MOTHER'S MAIDEN NAME

Ollie Amelia Repky

14. NAME OF HUSBAND OR WIFE

Elijah R. Russell.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
no none

16. SOCIAL SECURITY NO.  
none

17. INFORMANT Address  
Mr. E. R. Russell, 2121 Arsenal Street.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized carcinomatous

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

primary cancer of pancreas

DUE TO (c)

157 X

INTERVAL BETWEEN ONSET AND DEATH

?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/30/58 to 3/25/59 and last saw her alive on 3/25/59  
Death occurred at 9:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
Thomas C. Anderson M.D.

22b. ADDRESS  
4660 Maryland.

22c. DATE SIGNED  
3/26/59

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

23b. DATE  
March 28, 1959

23c. NAME OF CEMETERY OR CREMATORY  
Marissa Cemetery

23d. LOCATION (City, town, or county) (State)  
Marissa, Illinois

24. FUNERAL DIRECTOR ADDRESS  
Shepard Funeral Home, 1167 Hamilton Ave

25. DATE RECD. BY LOCAL REG.  
MAR 26 '59

26. REGISTRAR'S SIGNATURE  
Earl Smith. M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... *John J. Haines*

Licensed Embalmer No. *4108*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.